

STATE OF CALIFORNIA  
TRAVEL EXPENSE CLAIM

STD. 262 A (REV.6/2000c)

See Instructions and \*Privacy  
Statement On Reverse Side

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CLAIMANT'S NAME <b>Maziar Movassaghi</b>		SSAN OR EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT <b>Toxic Substances Control</b>	
POSITION <b>Acting Director</b>		CB/ID NUMBER <b>NR</b>		DIVISION OR BUREAU <b>Executive Office</b>	
RESIDENCE ADDRESS* [REDACTED]		HEADQUARTERS ADDRESS <b>1001 I Street</b>		INDEX NUMBER <b>5000</b>	
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY <b>Sacramento</b>	STATE <b>CA</b>	ZIP CODE <b>95814</b>

(1) MONTH/YEAR July 2010		(3) LOCATION WHERE EXPENSES WERE INCURRED		(4) LODGING	(5) MEALS BREAK-FAST LUNCH		O.T., L/T, N/C, RELO. DINNER	(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE TIME									(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
7/6	14:45	Office to Dept. of Public Health - East End Complex								SC	2.50			2.50
7/6	17:15	Office to Residence								SC				
		Briefing on Green Chemistry with Dr. Mark Horton												
7/7	13:00	To Resources Agency								SC	1.75			1.75
7/7	15:00	Return to Office								SC				
		To meet with Amber Mace - Executive Director of Ocean Protection Council												
7/23	6:30	To Olympic Valley, CA								SC	8.00			8.00
7/23	15:30	Return								SC				
		2010 California Council for Environmental & Economic Balance (CCEEB)												
		Panelist for Seminar on Green Chemistry												
(10) SUBTOTALS											12.25			12.25
CLAIM TOTAL														\$12.25

(11) PURPOSE OF TRIP, REMARKS AND DETAILS(Attach receipts/vouchers when required)

A (Air) RC (Rental) SC (State Car)

(12) NORMAL WORK HOURS	PCA	PROJECT	WORK PHASE	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	TOTAL
8:00 AM - 5:00 PM	95080			295	12.25							\$12.25
(13) PRIVATE VEHICLE LICENSE No. [REDACTED]												
(14) MILEAGE RATE CLAIMED /mile												
AGENCY ACCOUNTING OFFICE USE ONLY												
PAID BY REV. FUND CHECK No.												
TOTALS					12.25							\$12.25

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.